

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 2/10/2009)

See Instructions and *Privacy
Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME

Lloyd Throne

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

Community Services and Development

POSITION

Director

CB/ID NO.

DIVISION OR BUREAU

Executive

INDEX NUMBER / PCA

0100-50010

RESIDENCE ADDRESS*

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

2389 Gateway Oaks Drive, Ste. 100

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Sacramento,

CA

95833

(1) MONTH / YEAR / (2) DATE		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
DATE	TIME			Breakfast	Lunch	O.T., LT, N/C, Rele, or Dinner		(A) Cost of Trans.	(B) Type Used	(C) Carfare, Tolls, Parking	(D) Private Car Use Miles Amount		
10/20	0600-2000	Sacramento to Los Angeles	112.92	6.00		18.00			PC		15 8.25		\$145.17
10/21	0600-2000	Los Angeles	112.92		10.00	18.00	6.00				0.00		\$146.92
10/22	0600-1800	Los Angeles to Sacramento			10.00		6.00		PC	45.00	15 8.25		\$69.25
											0.00		\$0.00
11/16	0900-1000	Sacramento							PC	9.00	0.00		\$9.00
											0.00		\$0.00
											0.00		\$0.00
											0.00		\$0.00
											0.00		\$0.00
											0.00		\$0.00
											0.00		\$0.00
SUBTOTALS			225.84	6.00	20.00	36.00	12.00	0.00		54.00	30 16.50	0.00	\$370.34
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$ 370.34	

*) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

10/20 - 10/22 - Cal/Neva Conference

11/16 - Meeting at Governor's Office

(12) NORMAL WORK HOURS

0800-1700

(13) PRIVATE VEHICLE LICENSE #

ADIOSLT

(14) MILEAGE RATE CLAIMED

0.550

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

318-159526

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE DATE 12-3-09 (15) TRAVEL AND PAYMENT

DATE

DATE

SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)